

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10734143**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

RATE	FEES
	\$ _____
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	
					MINUS	**	X \$ _____	= _____
Total (37 CFR 1.16(c))	*		Minus	**		=		
Independent (37 CFR 1.16(b))	*		Minus	***		=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

RATE		ADDI- TIONAL FEE	
X \$ _____		= _____	
X \$ _____		= _____	
+ \$ _____		= _____	
TOTAL ADD'L FEE			

RATE	ADDI- TION/ FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	
					MINUS	**	X \$ _____	= _____
Total (37 CFR 1.16(c))	*	11	Minus	** 20	=	—		
Independent (37 CFR 1.16(b))	*	2	Minus	*** 3	=	—		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

RATE		ADDI- TIONAL FEE	
X \$ _____		= _____	
X \$ _____		= _____	
+ \$ _____		= _____	
TOTAL ADD'L FEE			

RATE	ADDI- TION/ FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE	
					MINUS	**	X \$ _____	= _____
Total (37 CFR 1.16(c))	*		Minus	**	=			
Independent (37 CFR 1.16(b))	*		Minus	***	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								

RATE		ADDI- TIONAL FEE	
X \$ _____		= _____	
X \$ _____		= _____	
+ \$ _____		= _____	
TOTAL ADD'L FEE			

RATE	ADDI- TION/ FEE
X \$ _____	= _____
X \$ _____	= _____
+ \$ _____	= _____
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.